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ABSTRACT

This paper describes the Cleveland Veterans Administration inpatient Vocational Rehabilitation Unit (VRU), an intensive vocational assessment and counseling program designed to maximize the self-reliance and productivity of patients. The VRU is presented as a minimal care, 3-month maximum treatment program in which patients work on incentive pay programs within the hospital, attend a 2-day Job Seeking Skills training seminar, interview for jobs in the community, and eventually obtain work in the community. Assessment methods discussed include administration of the General Aptitude Test Battery, Vocational Interest testing, and personal and neuropsychological testing. It is emphasized that: (1) all patients receive individual psychotherapy or supportive counseling; (2) group therapy, stress management groups, and vocational exploration groups are available, and (3) appropriate treatment for patients with drug, alcohol, or compulsive gambling problems is required. It is noted that the VRU has proven to be cost effective. A follow-up study of all veterans discharged during a 1-year period is discussed in which success was defined as holding a job in the community or being in school or vocational training. Data from the study is presented revealing that, in spite of an economic recession at the time, 58% of all discharges were successful at 3 months post-discharage, 52% were successful at 6 months, and 40% were successful at 12 months, and that the majority of "nonsuccessful" discharges were better equipped to look for work. (NB)

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AN INPATIENT VOCATIONAL REHABILITATION UNIT

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The Cleveland VA Medical Center includes a 32 bed inpatient Vocational Rehabilitation Unit (VRU). It's program offers intensive vocational assessment and counseling as well as other behavior change techniques addressed to the remediation or acquisition of vocationally relevant behaviors. The objective is to maximize the self reliance and productivity of the veteran being rehabilitated. Specifically the program is considered successful if one of the criteria is met at the time of discharge or three-month follow-up:

1. the veteran is productively employed;
2. the veteran is engaged in suitable training for employment;
3. the veteran is better prepared to look for work or training on his own.

The VRU is a psychologist headed, minimal care, treatment program which has housed roughly half addicts of various kinds and half psychiatric patients over the past 13 years. To qualify for transfer to the VRU, patients must show need, motivation and growth potential for a 3 month maximum transitional vocationally oriented behavior change program preparatory to release to an extra hospital environment where successful adjustment requires the exercise of the target vocationally oriented behaviors. Patients must, therefore, successfully demonstrate:

a. responsible use of full privileges and absences,
b. ability to responsibly take self medication (if medicated),
c. ability to function a minimum of four hours daily in a work assignment or vocational training program either inside or outside the Medical Center.

The mechanics and staffing of this VRU need to be presented. First staffing: the VRU has a halftime physician, a full time psychologist, a masters level Vocational Rehabilitation Specialist, one and a half bachelors level psychology technicians and a third time social worker.

The nursing staff is consistent with care (ie., one RN and usually an NA on day shift, one half an RN and an NA on afternoon shift and the same for night shift. In addition to these VA staff we have available a Bureau of Vocational Rehabilitation office with two full time counselors located physically on the VRU and a half time Disabled Veteran Outreach Program person (placement person from the Employment Service). The BVR counselors sit in on ward staff meetings to enable promotion of compatable vocational plans. The VA Regional Office Counseling Section sends a counselor to the ward three days a month to closer work with veterans on educational plans.

The treatment program on this VRU operates four days a week (Monday thru Thursday) from 8:00 A.M. to 8:30 P.M. and the normal 8:00 A.M. to 4:30 P.M. on Fridays. This is accomplished by the psychology staff each working two days a week from noon to 8:30 P.M. Thus psychology has each day from Monday to Thursday, two staff from 8:00 A.M. to noon, all four staff in the afternoon and the staff again from 4:30 to 8:30 P.M. This is done to facilitate staff patient contact. Patients will be out in the community all day looking for work, attending vocational training or vocational adjustment programs or working competitively. Stretching staff time allows staff time to see these patients in the evening, conduct evening therapy groups and to see outpatients who need follow-up after having left the inpatient portion of the program.

The philosophy of the program is to step by step increase the patients level of responsibility while simultaneously consolidating and increasing therapeutic gains made in their previous ward or program. They start by working one of two work for pay programs inside the hospital. Incentive therapy pays between 60¢/hour and half the minimum wage and patients work under the supervision of a staff member. As often as possible these assignments are made in the same general area of work the

patient will be looking for in the community. Compensated work therapy is a piece rate bench work program where the amount earned depends on how a job is the veteran's skill and availibility of contracts. The work assignment in either program has three objectives: 1) get some money coming in to finance job search, 2) get the veteran back into the habit of a regular work schedule and 3) allow staff to assess ability to meet the responsibility of competitive employment.

Assessment is done routinely on the unit in several forms:

1) The General Aptitude Test Battery is given each week on the unit by one of our psychology technicians.
2) Vocational Interest testing is routinely done as part of the Vocational Exploration group - this is done by the Vocational Rehabilitation Specialist.
3) The psychologist or the Ph.D. level psychology intern do personality and neuropsych testing as needed.

Within the first two weeks, patients take a two full day Job Seeking Skills training seminar with video tape feedback before and after they learn the various skills of the job interviewing. Prior to the second video tape feedback veterans see movies and tapes illustrating good interviewing techniques, get individualized feedback from the instructor and group peer feedback on their initial videotape. The week after JSST, veterans begin a Job Club where they begin to put to use skills learned in JSST. Veterans are expected to set up interviews in the community at least twice a week and to assist each other in job exploration. Job Club also addresses resume writing if appropriate or necessary. Once they find a job they can stay in the hospital on a night hospital basis while they work the job in the community. Discharge typically comes after the patients second paycheck but in no event later than 90 days into the program.

Patients are held strictly accountable for following ward rules. Fighting or threatening and intimidating either staff or other patients results in immediate discharge. Veterans urines are monitered at least twice a week for non-prescription substances like alcohol, marijuana and other street drugs. "Dirty" urines are likewise grounds for immediate discharge since the majority of veterans on our program have had problems with substance abuse and since substance abuse is known to affect motivation.

Vocational rehabilitation is not just a matter of learning skills to get a job. The person's self concept must also be elevated sufficiently so that he can at least see the possibility of belonging to the main stream of society. Most people who need to enter a psychiatric hospital for whatever reason typically feel like square pegs in a round hole with respect to overall society. In short they feel like outcasts on the fringes of society. So our staff feels strongly that a variety of personal, group and peer counseling is very necessary to elevate each individuals self concept. All patients have individual psychotherapy or supportive counseling. Also available are group therapy, stress management group, vocational exploration group which includes vocational testing and an exploration of value systems. There is a mandatory Drug Rap for veterans who have been referred by the Drug Dependency Treatment Unit and these veterans are also strongly encouraged to attend Narcotics Anonymous meetings. Alcoholics are required to attend AA meetings at least two times a week (five such meetings are held on the grounds of our medical center each week) and to take antibuse if medically feasible. Compulsive gamblers are likewise required to attend two Gamblers Anonymous meetings each week. Our staff is still searching for a blood or urine test to detect the physiological residue from gambling behavior. All patients are required to attend a ward government meetings once a week unless working out in the community at the time of the meeting. Nursing staff regularly engage in supportive conversation or "hall therapy"

as we like to call it. Periodic ward picnics, dinner dances and other special events help keep a ward esprit de corps among both patients and staff. As necessary selected patients are given training in assertiveness, personal hygiene and independent living skills. To sum up this section, vocational rehabilitation is administered with large doses of TLC and firm discipline.

The Vocational Rehabilitation Unit is cost effective from the point of DRG's. The corresponding cost of our VRU is only $75 per patient per day largely because of reduced nursing staff needed for a minimal care unit. On the intake side nearly all our patients carry the diagnosis of Vocational & Occupational Rehabilitation which pays a generous $4,500 per hospitalization. Since our average length of stay is about 45 days a little simple arithmetic shows that the cost per patient per hospitalization is about $3,375. This is a net gain of over $1,100 per inpatient. In addition the staff sees an estimated 40 patients per month on an outpatient basis. These visits earn the medical center $3,000 for each patient who comes in between 3 and 24 times with all of that being profit for the medical center.

The final question is are we successful in rehabilitating veterans. We did a follow up study of all veterans discharged for a one year period of time beginning June 1, 1983 and ending May 31, 1984. The economy was in recession during this period so our figures are deflated accordingly. Follow-up was done at 3, 6 and 12 months after discharge. Success was defined as holding a job in the community at the time of follow-up or being in school or vocational training. Of the addicts, 61% were successful at 3 months dropping off to 45% success rate at 6 months and one year. The psychiatric patients were successful 56% of the time at three months, going up to 62% successful at 6 months, but dropping to 34% successful at the end of a year. This resulted in an overall success rate of 58% at 3

months, 52% at 6 months and 40% at 12 months. Almost all of the "nonsuccessful" veterans were better equipped to look for work at the end of their inpatient stay. Nearly all who were not successful found ways of living off the "system," be that welfare, social security disability, VA compensation, or relatives. Our "failures" were failures to change peoples motivations to work, some of the negative motivations to work being very powerful.

A similar follow up study seven years ago found similar results. That follow up showed 75% of vets being successful at discharge and 57% successful at follow up. That study was done when economic times were better.